



PLANNING & ZONING DEPARTMENT

Phone: (815) 987-3093 ■ Fax: (815) 961-3237

Administration Building ■ 404 Elm Street ■ Room 301 ■ Rockford, Illinois 61101

**ZONING CLEARANCE FOR SOIL BORINGS**

Applicant(s) Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address for property for which application is being filed:

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

P.I.N.#: \_\_\_\_\_ Township: \_\_\_\_\_

Lot Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area sq.ft.: \_\_\_\_\_ or, Acres: \_\_\_\_\_

Legal Description of Property:

Subdivision Name: \_\_\_\_\_ Lot(s)#: \_\_\_\_\_

Written Description (if not in recorded subdivision): \_\_\_\_\_

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THIS PORTION TO BE COMPLETED BY PLANNING AND ZONING OFFICE PERSONNEL

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Zoning District: \_\_\_\_\_ Zoning Map #: \_\_\_\_\_

APPROVED / DENIED

\_\_\_\_\_  
Planning and Zoning Officer or designated representative